U S Department of Labor Office of Labor Management Standards ' Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civit penalties as provided by 29 U S C 439 or 440

For	Official Page Com
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## **READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U 90/8	2 Fiscal Year Covered From  1 / 1 / 2004 Through 12 / 31 / 2004				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name RICHARD TAMBORSKI	Name PAINTERS DISTRICT COUNCIL NO 14				
	Labor Organization File Number 032-375				
PO Box Bldg Room No if any	PO Box Building and Room Number if any				
Street 1456 W ADAMS	Street 1456 W ADAMS STREET				
City CHICAGO	City CHICAGO				
State <b>I</b> L ZIP Code + 4 60607	State Illinois ZIP Code + 4 60607				
5 Position in labor organization Bus, REP					

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	
PO Box Bldg Room No if any	7 b Amount.
Street	TO PAIRWING
City	
State ZIP Code + 4	

Signature

15 Signature and verification The undersigned declares under pe submitted in this report (including the information contained in any acc undersigned s knowledge and belief true correct and complete (See	ompanying documents) has been exam	lined by the signatory and is to the best of the
Signed Dand.	On 7-14-05	312 421-0046 Telephone Number

			 <del></del>		
Name of Person Filing	RICHARD	TAMBORSKI	File Nun	nber U-	

B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is activated any part of which consists of buying from or selling or leasing directly or Indidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent or irectly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name ARNOLO AND KADJAN  Trade Name if any:  PO Box Bidg Room No if any:  Street 19 W JACKSON  City CHICAGO  State IL ZiP Code + 4 606043958	a Labor Organization X b Trust c Employer	ï
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any	11 a Nature of such dealing Holloay Party AND GIFT	1
P O Box Bldg Room No if any Street		
Sueet	11 b Approximate dollar value of such dealing # 417 20	
City	12 a Nature of interest held or income received	
State ZIP Code + 4		1
	12 b Amount	
	<u> </u>	_

13.a Name and address of Employer or (Including trade name if any)	Labor Relations Consultant	14 a Nature of payment.	
Name			i i
Trade Name if any			1
PO Box Bldg Room No If any			ł
Street		{	24
City			ŀ
State	ZiP Code + 4		: : !
13 b is the Business an Employer	or Consultant ?	14 b Amount of payment.	

Name of Person Filing	RICHARD	TAMBORSKI		 -	File Num	ber <b>U</b> -			
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B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent or irectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name PDCA	a Labor Organization X
Trade Name if any	b Trust
PO Box Bldg Room No if any	c Employer
Street 35530 MIGHIN DR	
CIN WARRENVILLE	
State IL ZIP Code + 4 60555	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	GENERAL MEMBRESHIP MEETING
Trade Name if any	
PO Box Bldg Room No If any	
Street	11 b Approximate dollar value of such dealing # 60 00
City	12 a Nature of Interest held or Income received
State ZIP Code + 4	
	12 b Amount

13 a Name and address of Employer or (including trade name if any)	abor Relations Consultant	14 a Nature of payment.	
Name			
Trade Name If any			f
PO Box Bldg Room No If any			ı
Street			ŧ
City			1
State	ZIP Code + 4		
13 b is the Business an Employer	or Consultant ?	14 b Amount of payment	7

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Name of Person Filling RICHARD TAMBORSKI	File Number U-
B Held an Interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Trade Name if any: IFEBP  PO Box Bidg Room No if any  Street  City  State  ZIP Code + 4	a Labor Organization b Trust X c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing  EDVCATIONAL CONFRRENCE
Trade Name if any: OBA MIDWEST  PO Box Bidg Room No if any 1000 BURR RIDGE SUITE 200  Street  City 13URR RIDGE  State IL ZIP Code + 4 6052 7	11 b Approximate dollar value of such dealing #3697 o 7  12 a Nature of Interest held or Income received
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	

or from any labor relations consultant to an				
13 a Name and address of Employer or Labo (including trade name if any)	r Relations Consulta	nnt	14 a Nature of payment.	1
Name				1
Trade Name if any				ĭ
PO Box Bldg Room No If any		l		1
Street				1
City		1		i
State	ZIP Code + 4			
13 b is the Business an Employer	or Consultant	?	14 b Amount of payment	- 7

Name of Person Filing	RICHARD	TAMBAR	ck.
	11 15 17 17 15 12	I MINUSE.	3 C. I

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with a Labor Organization Trade Name If any: JFEBP b Trust X PO Box Bldg Room No if any c Employer Street City ZIP Code + 4 State 11 a Nature of such deating 10 If 9 b or 9 c is checked give trust or employer's name EDUCATIONAL CONFERENCE Name Trade Name if any OBA MIDWEST PO Box Bldg Room No if any Street 1000 BURR RIDGE PKWY SUITE 200

ZIP Code + 4 605 2 7

11 b Approximate dollar value of such dealing

12 a Nature of Interest held or income received

\$ 2215,00

13 a Name and address of Employer or Labor Relations Consult	ant	14 a Nature of payment.	<b>~</b> .
(including trade name if any)			I
Name			1
Trade Name if any		}	!
PO Box Bidg Room No if any			1
Street			ı
City			ł
State ZIP Code + 4			!
13 b is the Business an Employer or Consultant	?	14 b Amount of payment	

12 b Amount.

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## ADDENDUM TO 2004 FORM LM 30

The transactions, dealings and interests that are detailed in the attached Form LM 30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1 2004 to December 31 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction dealing or interest that should have been reported for the period January 1, 2004 to December 31 2004, I will file an amended Form LM 30

Signature

Date

Name of Person Filing	RICHARD	TAMBORSKI	•	File Number U-		

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name BLUE CROSS BLUE SHIED  Trade Name if any  PO Box Bidg Room No if any  Street 500 E RANDOIPH  City CHILAGO  State IL ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any:  P O Box Bidg Room No if any  Street  City	11 a Nature of such dealing  Holiday Party  ST PATS LUNCHEN  11 b Approximate dollar value of such dealing 52 00  12 a Nature of interest held or income received			
State ZIP Code + 4	12 b Amount			
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name Trade Name if any				

14 b Amount of payment

Street

City

State

PO Box Bldg Room No if any

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?